

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION | HL | | 0-20-01 |
| O.I.P.E. CLASSIFIER | LD | 32 | 6/27 |
| FORMALITY REVIEW | BZ | SC3-383 | 08-10-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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